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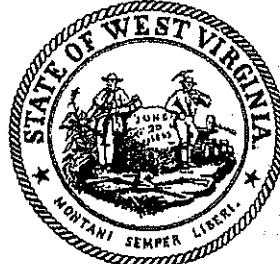
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REPORT OF DEATH INVESTIGATION AND POST-MORTEM EXAMINATION FINDINGS

CASE NO. WV-2019- 2174

DEAN, James D.

Date of Birth: April 17, 1969 Age: 50 years

Date of Death: April 22, 2019

Pronouncement: April 22, 2019 @ 2:20 a.m.

Body Received at OCME: April 22, 2019 @ 5:15 p.m.

Date of Examination: April 23, 2019

Examination Commenced: 9:15 a.m.

Autopsy Performed at:

Office of the Chief Medical Examiner
619 Virginia Street, W.
Charleston, WV 25302

Autopsy Performed by:

C. Metin Savasman, M.D.
Deputy Chief Medical Examiner

County Medical Examiner:

Janessa Maynard, Co. M.E., Cabell County

Investigating Agency:

Kenova Police Dept.

FIU Investigator:

Mikki Scott, OCME Investigator

Appended:

Toxicology Report

EXHIBIT

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IDENTIFICATION

The decedent is visually identified, confirmed by OCME-22 identification tag attached to the right 1st toe. A medical identification band with the decedent's name is on the right wrist.

EXTERNAL EXAMINATION

The decedent is received in supine position, enclosed within a body bag secured with lock tab # 1029236, which is verified to be intact, and to correspond to the tab number recorded on the OCME-1 and OCME-22.

CLOTHING AND OTHER ITEMS ACCOMPANYING THE BODY:

The body is received wearing an orange hospital gown. No additional personal effects accompany the decedent. Personal effects accompanying the body are an upper denture plate in a plastic bag.

BODY DESCRIPTION:

The body is that of a well-preserved, well-nourished adult male appearing consistent with the stated age of 50 years. The body measures 76 inches in length and weighs 167 pounds.

The unembalmed body is cool to touch following refrigeration. The skin is cold and doughy. Rigor mortis is fully developed. Livor mortis is fixed, purple and extends over the posterior surfaces of the body, except in areas exposed to pressure. The scalp exhibits male type alopecia with a fringe composed of 3 inches of brown hair. There is short, brown mustache and beard.

Injuries to the head are described below. The face is shaven. The eyelids are closed and the irides are blue. The sclerae and conjunctivae have petechiae. The corneas are clear. The nose and nasal skeletal are intact. Blood exudes from the right ear; the left ear is unremarkable. The lips and buccal mucosa are unremarkable. The mouth is edentulous.

The neck is well-formed. There are no masses in the neck and the larynx is in the midline. The thorax is symmetrical and unremarkable. The abdomen is flat. There is an average amount of body hair in typical male distribution. The external genitalia are those of a normal male. The back and buttocks are well-formed and symmetric.

The upper and lower extremities and back are well-developed. Injuries to the extremities are described below. There is no fingernail or toenail damage. The anus is unremarkable.

A tattoo with the inscriptions of "Dina" and "Ride or Die" and musical notes is on the upper left lateral arm. Multiple hypopigmented scars measuring up to 1 inch are on the mid left chest.

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EVIDENCE OF MEDICAL THERAPY / INTERVENTION

The brain exhibits extensive post-operative changes as described below:

- A 10 inch curvilinear medical incision with sutures extends from the right zygoma, across the top of the head to the left mid-temporoparietal region
 - Under this incision is a square shaped 3 x 3 inch craniotomy site with 4 yellow metal screws.
 - Multiple burr holes are present along the frontal region.
- An 8 x 3 inch ecchymosis vertically extends over the right lateral head.
- Multiple needle punctures (at least four) are on the extensor surfaces of the upper extremities.
- A 3 x 2 inch ecchymosis is over the left lower ear and left lateral upper neck.
- Six EKG pads are on the torso.
- A pulse oximeter is on the left 2nd finger.
- Two intravenous catheters are on the right forearm.
- A Foley catheter connected to a urine bag containing 60 milliliters of clear yellow urine is in place.
- A white adhesive bandage is on the left lateral neck.
- A pair of pneumatic stockings are on the bilateral legs.
- A 4 x 4 adhesive bandage is on the left elbow, which covers 1 x 1 superficial pressure ulcer.

EVIDENCE OF POSTMORTEM ORGAN/TISSUE PROCUREMENT

None.

EVIDENCE OF INJURY

Head:

- An 8 inch curvilinear skull fracture
 - extending from inferior portion of the left frontal bone to posterior portion of the left parietal bone
- Multiple subdural and subarachnoid hemorrhages

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- a thin, diffuse film covers the surface of the brain
- right and left hemispheres as well as the base of the brain and cerebellum
- Multiple, bilateral, diffusely distributed areas of hemorrhagic contusions and infarctions are in the frontal, temporal, parietal and occipital lobes, and brain stem.

Extremities:

- A $\frac{1}{2} \times \frac{1}{4}$ inch and a $\frac{1}{4} \times \frac{1}{4}$ inch two faint yellow contusions extend perpendicular to the long axis of the right upper extremity over the dorsal surface of the right wrist.
- A $\frac{1}{4} \times \frac{1}{4}$ inch subcutaneous hematoma is on the dorsal surface of the right 2nd finger.
- A $\frac{1}{4} \times \frac{1}{4}$ inch faint yellow contusion is on the dorsal surface of the right 5th finger.
- A $\frac{1}{2}$ inch curvilinear laceration is on the palmer surface of the right 4th finger.
- A 2 inch linear abrasion extend perpendicular to the long axis of the right upper extremity over the dorsal surface of the left wrist.

Multiple, bilateral, diffuse scalp hemorrhages, devitalized tissues adhered to the left frontal lobe, and extensive, diffuse brain edema are examined during the autopsy; however, in the setting of prolonged hospitalization, it is unknown how much of these findings are due to traumatic injuries or post-operative reparative changes.

Please see, "Review of Cabell Huntington Hospital Records and Clinical Summary" below for hospital findings regarding the injuries examined soon after the incident.

INTERNAL EXAMINATION

Injuries have been previously described and will not be repeated here.

HEAD (CENTRAL NERVOUS SYSTEM):

The brain weighs 1470 grams. There are no aneurysms or evidence of other natural disease, by serial section. The upper spinal cord, as viewed through foramen magnum, is unremarkable.

NECK:

Examination of the soft tissues of the neck, including the strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

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BODY CAVITIES:

The body is opened with the usual Y-shaped thoraco-abdominal incision. No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are present and in their usual anatomic position.

RESPIRATORY SYSTEM:

The right and left lungs weigh 1160 grams and 960 grams, respectively. The tracheobronchial tree is patent. The mucosal surfaces are smooth, pink, and unremarkable. The visceral and parietal pleural surfaces are smooth and glistening. The pulmonary parenchyma is dark red-purple, exuding slight to moderate amounts of blood and frothy fluid with no focal lesion noted. The pulmonary arteries are normally developed and patent.

CARDIOVASCULAR SYSTEM:

The 460 gram heart is markedly enlarged with a flabby appearance and dilated chambers, although the right and left ventricular wall thicknesses are within normal limits. Four chambers of the heart (including right and left ventricles and atriums) are markedly enlarged and the right and the left ventricular chamber diameters are markedly increased, measuring 4.5 cm and 4 cm, respectively. The pericardial surfaces are smooth and glistening. The anatomy of the heart and associated vasculature is normal. The pulmonary arteries are opened in-situ and are free of thrombo-emboli. The coronary arteries are normal in distribution. They are widely patent with minimal stenosis by atherosclerotic plaque. The endocardial surfaces of the heart are smooth and pale. The valves are anatomically normal in size and shape. The cusps and leaflets are normal. The entire myocardium is light pink-brown, otherwise unremarkable. The following myocardial thickness is measured at approximately 1 cm inferior to their respective atrioventricular valve annulus: left ventricle = 1.6 cm, right ventricle = 0.5 cm, and interventricular septum = 1.5 cm. The aorta is intact, without aneurysms. There are no atherosclerotic changes in the aorta.

LIVER AND BILIARY SYSTEM:

The liver is cirrhotic and weighs 2200 grams. The capsule covers very firm, fibrotic appearing tan-brown parenchyma with no focal lesion noted. These nodules are surrounded by fibrotic scar tissue measure up to 0.5 cm in diameter. The gallbladder contains only viscid bile.

RETICULOENDOTHELIAL SYSTEM:

The spleen is enlarged, weighing 1050 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The lymphoid follicles are unremarkable. The regional lymph nodes are unremarkable. The bone marrow is red-purple and homogenous without evidence of focal abnormality.

GENITOURINARY TRACT:

The right and left kidneys weigh 210 grams and 200 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying, smooth red-brown, firm, cortical surfaces. The cut sections reveal a normal cortico-

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medullary pattern. The bladder contains 50 ml of clear yellow urine. The bladder wall including the mucosa is grossly unremarkable. The renal arteries are intact with no atherosclerosis. The ureters are normal in size and free of obstruction.

ALIMENTARY TRACT:

The esophagus is lined by gray-white smooth mucosa. The stomach does not have measurable amount of gastric contents. The gastric mucosa is diffusely hyperemic without any grossly identifiable ulcers, tumors, or obstructions. The small and large intestines are in their usual anatomic location. The surfaces are smooth and glistening. There are no gross abnormalities. The appendix is present. The colon contains formed stool.

ENDOCRINE SYSTEM:

The pituitary and adrenals are unremarkable. The thyroid is light brown with no gross evidence of natural disease. The pancreas is pale tan in color and firm in consistency, with usual lobular pattern.

INTERNAL GENITALIA:

The prostate, testes, and seminal vesicles are unremarkable.

MUSCULOSKELETAL SYSTEM:

With exception of injuries, the bony framework, supporting musculature, and soft tissues are not otherwise unusual.

MICROSCOPIC EXAMINATION

Histologic examination is deferred.

AUTOPSY IMAGING

PHOTOGRAPHY: Routine and relevant photographs are obtained at autopsy and are archived within the OCME case file.

RADIOGRAPHY: Anterior-posterior head and chest x-rays are obtained and archived. A fracture extends from left side of the frontal bone towards posteriorly to the left parietal bone. There is evidence of previous craniotomy with burr holes and incised bones over the right side of the skull.

FINGERPRINTS: RH 1; archived at the OCME.

ANCILLARY PROCEDURES

None.

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MATERIAL RETAINED

EVIDENCE COLLECTED: See OCME-8.

TISSUE/FLUID SAMPLES RETAINED:

- Preserved in formalin: representative samples of organs and tissues.
- Frozen for toxicological analysis: samples of subclavian blood, vitreous fluid, urine, gastric contents, liver tissue and hair.
- Retained for potential DNA analysis: blood sample card x 1.

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FINDINGS

- I. Blunt force injuries of the head**
 - a. **Skull fracture, 8 inches, curvilinear, extending from the left frontal bone to the left parietal bone**
 - b. **Multiple subdural and subarachnoid hemorrhages**
 - c. **A thin film of diffuse hemorrhage on the right and left hemispheres, cerebellum, and the base of the brain**
 - d. **Multiple areas of contusions and hemorrhagic infarctions, bilateral, diffuse on the frontal, temporal, parietal and occipital lobes, and brain stem**
- II. Injuries to extremities:**
 - a. **Contusions of the right wrist and right 5th finger**
 - b. **Subcutaneous hematoma of the right 2nd finger**
 - c. **Laceration of the right 4th finger**
 - d. **Abrasions of the left wrist**
- III. Toxicology:**
 - a. **No appropriate sample available for analysis due to approximately seventeen days in-patient hospital period**
 - b. **No hospital admission blood is available**
- IV. Investigation: consistent with death due to blunt force injuries of the head after he fell and struck his head on a concrete surface during an altercation while in police custody**
 - a. **Timeline of reported circumstances:**
 - i. **On 04/05/2019, 911 call regarding the decedent's heavy alcohol use resulting in domestic disturbance/violence between the decedent and his mother**
 - ii. **On 04/05/2019 at 10:38 p.m., law enforcement was dispatched after the decedent's mother reported that the decedent hit his mother**
 - iii. **Law enforcement found the decedent's mother with contusion and swelling on her wrist**
 - iv. **The decedent was combative during restraint and arrest**
 - v. **On 04/05/2019 at approximately 11:00 p.m., a physical altercation occurred between the decedent and law enforcement**

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- vi. During the transportation to Cabell Huntington Hospital by Emergency Medical Services (Kenova Volunteer Fire Department), he complained of head and rib pain
- vii. The decedent was reported to be intoxicated by alcohol during the admission to the hospital
- viii. Emergent craniotomy was performed for head injuries
- ix. The decedent's prognosis was poor, and he remained bound on a ventilator
- x. On 04/11/2019, the decedent's family was contacted and "Do Not Resuscitate (DNR)" status was applied
- xi. His family decided to withdraw the care
- xii. On 04/22/2019 at 02:20 a.m., pronounced by hospital staff

V. Review of Cabell Huntington Hospital Records and Clinical Summary:

- a. The decedent presented to the hospital with slurred speech; otherwise, he was alert and oriented
- b. He had abrupt onset, constant, severe pain over the back of his head, which began after altercation with law enforcement in which decedent was taken to the ground, struck his head, and lost consciousness for about 3 minutes
- c. Emergency department records include:
 - i. Abrasion to the apex of his head over the back of the head
 - ii. Left scalp swelling
 - iii. Small abrasion over his left eyebrow
 - iv. Ecchymosis to right sternal border
 - v. Abrasions to hands and skin tear to right 4th finger
 - vi. Blood ethanol (alcohol) level = 251 milligram/deciliter
 - vii. No other drug screening was reported
- d. Computerized tomography of the head (on 04/06/19 at 01:21 a.m.) showed:
 - i. Non-depressed, linear left-sided skull fracture
 - 1. Extending from left frontal bone to parietal bone
 - 2. Left scalp swelling
 - ii. A small, thin subdural hematoma
 - 1. Left cerebral convexity with maximal thickness of less than 3 millimeter
 - 2. Small, right frontal extra-axial hematoma
 - iii. Small amount of subarachnoid hemorrhage
 - iv. No midline shift, mass effect or hydrocephalus
- e. On 04/06/2019 around 12:23 p.m. the decedent developed decerebrate rigidity

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- f. Computerized tomography of the head (on 04/06/19 at 10:50 a.m.) showed:
- i. Development of large parenchymal hemorrhage involving right frontal lobe, 7.3 x 6.1 centimeter in axial dimension
 - ii. Significant mass effect on the right lateral ventricle with midline shift of approximately 1.5 centimeter
 - iii. Hypodense material consistent with subdural hemorrhage on the anterior falx
 - iv. A 1.1 centimeter additional possible subdural hemorrhage on the left frontal parietal region
 - v. Subarachnoid hemorrhage is seen throughout
 - vi. Pneumocephalus and subarachnoid hemorrhage and left frontoparietal hematoma
- g. Operative (craniotomy) report showed:
- i. Right frontal intracerebral hemorrhage with right to left shift and subfalcine herniation
 - ii. Subdural hematoma and devitalized cortical tissues were evacuated
- h. Post-operative computerized tomography of the head (on 04/06/19 at 03:13 p.m.) showed:
- i. The left frontal parenchymal hematoma was evacuated
 - ii. Midline shift was decreased
 - iii. Devitalized cortical tissues were removed
 - iv. The left frontal temporal skull fracture was stabilized
- i. No acute, traumatic injury of solid or hollow viscous organ is seen in the neck, chest, abdominal and pelvic CT scans (on 04/06/19)
- j. Post-operative computerized tomography of the head (on 04/07/19 at 09:19 a.m.) showed:
- i. Bilaterally infarcts in parieto-occipital and temporal regions
 - ii. Diffuse subarachnoid hemorrhages
 - iii. Post-operative changes at the right frontal temporal region
 - iv. Decrease in pneumocephalus
- k. Post-operative computerized tomography of the head (on 04/09/19 at 11:14 a.m.) showed:
- i. No new hemorrhage or lesion
 - ii. Multiple large areas of hemorrhagic and bland contusion and/or infarction are noted diffusely involving frontal and occipital lobes, and central pons; worsening of cerebral edema
 - iii. Some improvement in the amount of subarachnoid gas related to prior surgery

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VI. Per medical records, the decedent's past medical history was positive for methamphetamine and heroin abuse; and he was using alcohol (one pint daily) prior to admission

VII. West Virginia Board of Pharmacy query demonstrates:

- i. Suspected overdose in January 2019
- ii. No evidence of active prescription access

VIII. Other autopsy findings:

- a. Dilated cardiomyopathy
- b. Macronodular cirrhosis
- c. Dilated cardiomyopathy

IX. Review of Kenova Volunteer Fire Department report (4/5/2019):

- i. On 04/05/2019, around 11:09 p.m., dispatched
- ii. At 11:12 p.m., on scene (Kenova Police Department), the decedent
 - 1. was found the decedent laying on the ground next to KPD police vehicle
 - 2. had abrasions on his hands
 - 3. admitted to alcohol use
 - 4. The police officer stated that:
 - a. The decedent and himself got into altercation
 - b. The decedent stated that "he was not going to jail"
 - c. He had to take the decedent to the ground
 - d. The decedent might have hit his head too hard
 - e. The decedent is hurting, and very intoxicated
 - 5. Examination of the decedent revealed:
 - a. Abrasion to the crown of the back of the head
 - b. Superficial wounds from cuffs
 - c. Alert and oriented
 - 6. The decedent was assisted for standing position, placed on the cot, all safety straps were applied
- iii. At 11:27 p.m., depart scene
- iv. At 11:27 p.m., at Cabell Huntington Hospital

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X. Review of Kenova Police Department (KPD) Investigation Timeline Report (4/23/2019):

- a. On 04/05/2019 between 06:15 p.m. and 10:38 p.m., the decedent's mother contacted multiple times with KPD regarding domestic violence between her and the decedent.
- b. Around 10:39 p.m., Law enforcement reached to the apartment
- c. Around 10:41 p.m., The decedent behaved violent against law enforcement and he was placed under arrest; the decedent's mother was physically hurt.
- d. Around 11:02 p.m., the decedent remained aggressive; at the time during altercation, he fell to the floor, struck his head to the concrete surface; his head was bleeding.

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OPINION

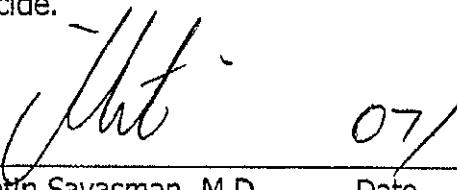
It is my opinion that James Dean, a 50 - year - old man, died due to blunt force injuries of the head after he fell and struck his head on a concrete surface during an altercation while in police custody.

Reportedly, law enforcement responded to scene after the decedent's mother called regarding domestic violence. The decedent was taken into custody by physical restraint due to his combativeness. During altercation between the decedent and the police officer, the decedent fell to the ground, struck his head on a concrete floor.

High levels of alcohol were shown in the decedent's blood during the hospital admission.

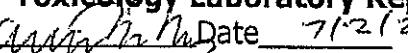
Medical interventions were performed for his skull fractures over the course of seventeen days hospital period, that were confirmed during the autopsy.

MANNER OF DEATH: The circumstances surrounding the death, as determined by the death investigation and post-mortem examination, indicate that the manner of death is homicide.


C. Metin Savasman, M.D. Date

Deputy Chief Medical Examiner

APPENDED: Toxicology Laboratory Report #2019-2174

CMS/ QA/QC  Date 7/2/20

**STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER**

TOXICOLOGY REPORT

Name of Deceased: Dean, James
Case Number: 19-2174
Pathologist: Dr. Savasman

Date of Request: 4-23-19
Date Received: 4-23-19

Samples Received	
<input checked="" type="checkbox"/>	Blood (Subclavian)
<input type="checkbox"/>	Hospital Blood
<input type="checkbox"/>	Gastric Contents
<input checked="" type="checkbox"/>	Urine
<input type="checkbox"/>	Bladder Rinse
<input checked="" type="checkbox"/>	Liver
<input checked="" type="checkbox"/>	Vitreous Fluid
<input type="checkbox"/>	Bile
<input type="checkbox"/>	Tissue _____
<input checked="" type="checkbox"/>	Other _____ Hair sample

Analysis Performed	
<input type="checkbox"/>	Alcohol/Volatiles (GC/FID)
<input type="checkbox"/>	Drugs of Abuse Immunoassay (ELISA)
<input type="checkbox"/>	Drug Screen (LC Q-TOF/MS)
<input type="checkbox"/>	Drug Screen (LC/MS/MS)
<input type="checkbox"/>	Drug Screen (GC/MS)
<input type="checkbox"/>	Drug Confirmation and Quantitation (LC/MS/MS)
<input type="checkbox"/>	Drug Confirmation and Quantitation (GC/MS)
<input type="checkbox"/>	Chemistry Panel (i-STAT Analyzer)
<input type="checkbox"/>	Carbon Monoxide (UV/Vis Spectrophotometer)
<input type="checkbox"/>	Other _____

Results

Sample	Drug	Concentration
No analysis performed		

James C. Kranner

James C. Kranner, Ph.D., F-ABFT
Chief Toxicologist

4/29/19

Date